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PICK-UP	☐ WAIT	MAIL
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C. GOLDEN SEP 1 6 2019

COVER LETTER

Division of Corporations
SUBJECT: Diamond Tracey Entertainment, LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shamekia Johnson, CEO Name of Person
Diamond Tracey, uc.
312 Toccoa Place
City/State and Zip Code
Chamandtracey cosnetics ognail - con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sharetiu Schroon at (154) 335-8140 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liabil (A Florid	CCU ENTERTED ity Company as it now appears on out la Limited Liability Company)	mont, UĈS
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on 6/1	7 2019 and assigned
This amendment is submitted to amend the following:		
The new name must be distinguishable and contain the words "Line Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)	nited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Remove	
			Change	
			□ Remove	
			Change	
			Add	
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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ote:	we date, if other than the date of filing: 6 17 2019 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as interest of the Department of State's records.
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	Signature of a member or authorized representative of a member Shamekia Johnson Typed or printed name of signee
	Shanekic Johnson Typed or printed name of signer

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Filing Fee: \$25.00